

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18211

State File No.

Registrar's No. 107

FILED MAY 24 1943

Registration District No. 129

Primary Registration District No. 3721

1. PLACE OF DEATH:

(a) County Knott
(b) City or town Rural Lyon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

ELMORE KENT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Maggie
6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Feb 18 1857
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Adair Co (City, town or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Don't know

MOTHER FATHER { 12. Name Don't know
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant W. S. Starn
(b) Address Hurdland mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 25 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Bar Creek

18. (a) Signature of funeral director Summers Towel

(b) Address Summers Towel, Hurdland

19. (a) April 30-43 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knott
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1943 hour 10:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 18 1943 to April 23 1943
that I last saw him alive on April 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration

Due to Senility 10 yr.

Due to Cerebral Hemorrhage 3 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Who at work? (Specify type of place) (c) Means of injury

Signature Wm. W. Klepper (M. D. or other) 2-2-a

Address Hurdland Date signed 4/27/43

1142 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 5-43-903

Date Filed MAY 21 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by....., Registered Apprentice No..... working under my personal supervision.

Signed

W. C. Summers

Licensed Embalmer No.

2159

P. O. Address

Tricksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.